

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION:**

SOAH DOCKET NO. 453-04-2694.M5

MDR Tracking Number: M5-04-0282-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 09-29-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The motor nerve conduction testing, sensory nerve conduction testing, and "H" and "F" reflex study were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 04-02-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 12th day of December 2003.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

December 9, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0282-01
IRO Certificate No.: IRO 5055

REVISED REPORT
Corrected date of injury and services in dispute.

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male claimant injured her right low back in a work-related accident on _____. He immediately sought treatment and received chiropractic adjustments, electrical muscle stimulation, ice/heat therapy, and traction. He also was referred to a medical doctor for a prescription. An MRI of the lumbar spine on 04/17/03 showed degenerative hypertrophic facet joints at L2-3 and mild disc bulges at L4-5 and L5-S1. He also had disc desiccation and small annular tears at L3-4, L4-5, and L5-S1.

Disputed Services:

Motor nerve conduction testing, sense nerve conduction testing, and "H" or "F" reflex study on 04/02/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in dispute as listed above were medically necessary in this case.

Rationale:

It is medically necessary and reasonable to be as specific in the diagnosis of a patient's condition as possible, so as to provide the most appropriate care. Based on the documentation provided, the subjective and objective findings support

nerve and sensation studies (i.e. "H" and "F" reflex studies). In addition, there is a history of previous medical disputes that have justified nerve conduction studies for pain suffered from radicular symptoms that have been similar to this patient's situation.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,